

**South Carolina Board of Nursing**

P.O. Box 12367 • Columbia, SC 29211

Phone: 803-896-4550 • Fax: 803-896-4515 • [www.llronline.com/POL/nursing/](http://www.llronline.com/POL/nursing/)**SOUTH CAROLINA APPLICATION FOR  
REPEAT EXAMINATION**

South Carolina is a member of the Nurse Licensure Compact. You are not eligible for licensure in South Carolina if your primary state of residence is another Compact State. Please visit [www.ncsbn.org](http://www.ncsbn.org) for more information or for a current list of Compact States. Personal information provided in this application may be subject to public scrutiny or release under the SC Freedom of Information Act or other provisions of federal and state law. Please print, complete the application in ink and return with the **correct fee of \$65.00 for RN and \$45.00 for LPN/ LPN by Equivalency** to the South Carolina Board of Nursing. Answer all questions. This initial application is valid for one year. There is an application fee each time you retake the exam. A candidate who has not obtained licensure within one year must complete a new initial application. **Application fees are non-refundable.**

**Applying for:** ☐ RN ☐ LPN ☐ LPN by Equivalency (Please check one)

Full Legal Name: \_\_\_\_\_  
First Middle Maiden (if married) Last

Mailing Address: \_\_\_\_\_  
Street/PO Box City State Zip

Home Address: \_\_\_\_\_  
Street (physical address required) City State Zip

County: \_\_\_\_\_ Email Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Race: (for statistical purposes only) ☐ American Indian ☐ African American ☐ Caucasian ☐ Hispanic  
☐ Oriental/Asian ☐ Other

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced

Sex: ☐ Female ☐ Male \*Social Security # \_\_\_\_\_

Declaration of Primary State of Residence: (where I hold a driver's license, pay taxes or vote)

I declare my primary state of residence is: \_\_\_\_\_ I plan to primarily practice in the state \_\_\_\_\_

I am in the military or federal government, I am currently licensed in \_\_\_\_\_ (state) and I do not intend to work outside of military or federal government.

1. Have you ever taken the National Council licensure examination? ☐ Yes No ☐  
List each state in which you took the exam.  
When/Where: \_\_\_\_\_

2. Have you ever taken the RN/LPN State Board Test Pool examination? ☐ Yes No ☐  
List each state in which you took the exam.  
When/Where: \_\_\_\_\_

Revised 04/07

Name \_\_\_\_\_

3. Have you ever been licensed in South Carolina or any other state as an RN/LPN? ☐Yes    No ☐  
If yes, State \_\_\_\_\_ License Number\_\_\_\_\_.
4. Have you ever been convicted, pled guilty, or pled nolo contendere for violation of any federal, state, or local law, or do you have charges pending (other than minor traffic violation)? ☐Yes    No ☐  
If yes, explain fully in a letter and attach, also contact the board for further requirements.
5. Has any board of nursing taken any action against your license in this or any state? ☐Yes    No ☐  
If yes, explain fully in a letter and attach.
6. Have you had any professional license disciplined in this or any state? ☐Yes    No ☐  
If yes, explain fully in a letter and attach.
7. Have you ever been denied licensure as a health professional (RN, LPN, other) in any state? ☐Yes    No ☐  
If yes, explain fully in a letter and attach.
8. Have you been counseled or disciplined while in the nursing education program due to problems with a chemical (drugs/alcohol), mental or physical impairment? ☐Yes    No ☐  
If yes, explain fully in a letter and attach.
9. Are you requesting accommodations for this exam? If so, please attach a letter of explanation, letter of diagnosis from your physician, and a letter from your nursing education program director stating what accommodations they provided you with. ☐Yes    No ☐

Nursing education program from which you graduated \_\_\_\_\_  
School (Name/City/State) Date of graduation

**AFFIDAVIT**

I, \_\_\_\_\_, hereby swear/affirm that the statements made in this application are true and that the documents submitted are in their true form to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant (do not print)

\_\_\_\_\_  
Date

**DID YOU REMEMBER TO:**

- ☐ Complete and answer all questions. Sign, date and have your application notarized.
- ☐ Enclose fee of \$65.00 for RN License examination or \$45.00 for LPN license examination. (Money order, cashier's check or personal check made payable to LLR-Board of Nursing. No credit or debit cards accepted).
- ☐ Register with Pearson Vue to take the NCLEX.
- ☐ Copy of legal document that authorize a change in name if name changed since original application to Board.
- ☐ Check the status of your application online at [www.llr.state.sc.us/pol/nursing](http://www.llr.state.sc.us/pol/nursing). Allow 10-12 business days for processing after receipt of your application to the Board's office.

\* The Social Security Number (SSN) is not subject to disclosure as public information. The disclosure of the SSN for identification purposes is authorized and mandated by federal statutes requiring state board to report to the Healthcare Integrity and Protection Data Bank (HIPDB) and the National Practitioner (NPDN), among other things.